

Case Number:	CM15-0221465		
Date Assigned:	11/17/2015	Date of Injury:	10/07/2013
Decision Date:	12/29/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/10/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48-year-old male who sustained an industrial injury on 10/7/13. Injury occurred when he fell approximately 10 feet off a ladder. The 6/29/14 lumbar spine MRI impression documented disc desiccation at the L4/5 and L5/S1 levels and Modic type II endplate changes from L2/3 to L5/S1. At L3/4, there was a diffuse 3.3 mm disc protrusion compressing the thecal sac with no significant impingement of the exiting nerve roots. At L3/4, there was a diffuse 2.3 mm disc protrusion with annular tear compressing the thecal sac. Disc material and facet hypertrophy caused bilateral neuroforaminal stenosis that effaced and encroached the left L3 exiting nerve roots. At L4/5, there was a diffuse 3.3 disc protrusion with annular tear compressing the thecal sac. Disc material and facet hypertrophy caused bilateral neuroforaminal stenosis that encroached the bilateral L4 exiting nerve roots. At L5/S1, there was a 1.7 mm focal disc protrusion superimposed on diffuse disc bulging indenting the thecal sac. Disc material and facet hypertrophy caused bilateral neuroforaminal stenosis that encroached the bilateral L5 exiting nerve roots, greater on the left. Records documented that conservative treatment had included activity modification, physical therapy, chiropractic, acupuncture, and medications without sustained relief. The 9/15/15 treating physician report cited persistent low back and left leg pain. He was not working. Physical exam documented lumbar paraspinal tenderness to palpation, normal range of motion, 5/5 lower extremity strength, 2+ and symmetrical patellar and Achilles reflexes, and diminished left L4 dermatomal sensation. The diagnosis was severe lumbar stenosis at L4/5. Authorization was requested for L4/5 decompressive laminectomy. The 10/14/15 utilization review non-certified the request for L4/5 decompressive laminectomy as

there was no detailed evidence of failure of recent conservative treatment. The 10/27/15 treating physician report appeal letter indicated that the injured worker had tried and failed conservative treatment with anti-inflammatories and physical therapy for more than a year. He was not a candidate for epidural steroid injection as he had severe stenosis in the lumbar spine and it was highly unlikely to help him in the long term. He had significant stenosis and a combination of disc protrusion, ligamentum flavum thickening, and facet hypertrophy. Appeal of the denial of L4/5 decompressive laminectomy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

L4-5 Decompressive Laminectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have been met. This injured worker presents with persistent and function-limiting low back pain radiating into the left leg. Clinical exam findings are consistent with imaging evidence of nerve root compression at the L4/5 level. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.